

spleen was replaced in its proper position, and a suitable retaining bandage advised. Three months later, while doing the family washing, she was seized with agonizing pain in the abdomen, followed by persistent vomiting, tympanitic and tender abdomen, obstinate constipation, and great increase in the size of the tumor. Temperature at first normal, after some days began to range from 99° F. to 101° F. After the continuance of these symptoms with irregular fluctuations for two weeks, the abdomen was again opened by a long incision along the outer border of the left rectus muscle. The greatly-swollen spleen was found with extensive adhesions to abdominal wall, omentum, and intestines. The pedicle was long, twisted through three complete turns, and with its engorged and tortuous vessels resembled a huge umbilical cord. It was transfixated and tied with silk and dropped back. The haemorrhage attending the operation was slight and easily controlled. The shock, however, was profound and long-continued. After reaction was obtained the subsequent convalescence was uneventful. There were no subsequent glandular swellings. The minute examination of the removed spleen showed thickening of the trabecular and intercellular connective tissue, and pigment in the vessel walls, indicative of chronic hyperplasia, probably due to malaria.

Seven months after the removal of the spleen, when the report was made, the patient has grown very fleshy, and is in excellent health, save a very troublesome tendency to drowsiness.—*Medical Record*, July 28, 1894.

**II. Stomach-Reefing.** By Dr. BRANDT (Klausenburg). This operation has been performed by Brandt for dilatation of the stomach. It is well known that the stomach becomes enlarged in cases of pyloric stenosis due to new growth, cicatricial contraction, or bands of adhesions. The rational treatment of this stomach-trouble is the removal of the cause. This is accomplished by pylorus resection and excision of pyloric cicatrices, which have been so successfully done during the past few years. It sometimes happens, however, that after opening the abdomen no such a cause is found for

the dilatation. If the wound is closed, the laparotomy has been nothing more than an explorative operation, and the patient continues to suffer from the disease, the case being then regarded as a medical one and a subject for medical treatment. It has occurred to Brandt to treat these idiopathic cases by diminishing the size of the stomach by folding in its wall and suturing it through the serosa and muscularis.

The patient upon whom he operated was a woman, twenty-six years of age. The gastric sound could be introduced till it struck the pubes and left Poupart's ligament. Palpation revealed no tumor of the pyloric or other region, nor even an abnormal resistance. The patient was poorly nourished and greatly reduced in strength. She was treated medicinally by faradization and lavage of the stomach with little improvement. After this treatment had been carried on for two months, Brandt made an opening into the abdomen parallel with the left costal arch, and explored the stomach and other abdominal contents. The pylorus was especially examined, and nothing found. The organ was found enormously enlarged. He then proceeded to fold in the anterior wall and suture it by two rows of transverse sutures. The same was done on the posterior wall through holes torn through the greater omentum. More than two hundred sutures were applied.

The patient made an excellent recovery, without any disturbance of digestion, and was able to leave her bed on the tenth day.

Brandt has published this case as preliminary to a more exhaustive communication upon the subject.

The same operation has been described under the head of "gastroraphie" in the same periodical.—*Centralblatt für Chirurgie*, No. 46, 1892, No. 16, 1894.

JAMES P. WARBASSE (Brooklyn).

**III. Traumatic Rupture of Intestine; Recovery after Laparotomy and Suture of Gut.** By W. THELWALL THOMAS, F.R.C.S. (Liverpool). A woman, aged fifty-five years, was admitted into the Liverpool Royal Infirmary on April 3, complaining of